

PART B - FEE(S) TRANSMITTAL

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REILLY, SEAN M 2153 T09-245000 1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Top-245000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OSA, alternative, and the names of up to 3 registered patent attorneys or agents. If no name is 1 ception of the state of up to 2 registered patent attorneys or agents. If no name is 1 ception of the name of a single firm (baving as a member a registred attorney or agents. If no name is 1 ception of the name of up to 2 registered patent attorneys or agents. If no name is 1 ception of the form is NOTE: Unless an assignment is identified below, no assignment attorneys or agents. If no name is 1 ception of the form is NOTE and attorney or agents. If no name is 2 ception of the form is NOTE and attorney or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 3 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorneys or agents. If no name is 2 ception of the form is NOTE and attorne	APPLN. TYPE	APPLN. TYPE SMALL ENTITY		SSUE FEE PUBLI		TOTAL PEE(S) DUE	DATE DUE		
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Authorized Signature		· · ·		_::	<u> </u>				
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an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending more the individual case. Any comments on the amount of time you require to confident	an application. Confidentia submitting the completed a	lity is governed by 35 U.S.C uplication form to the USP1	. 122 and 37 CFR 1.14. T	his collection is en	stimated to take 12	minutes to complete, include	ing gathering, preparing, and time you require to complete		
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From: Georgann S. Grunebach

Fax: (310) 964-0941

Assistant General Counsel

Phone: (310) 964-4615

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S. Grunebach, Reg. No. 33,179

June 27, 2006 (Date of Signature)

Printed Name of Depositor)

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Attorney Docket No. PD-201117

Serial No.: 09/938,430

Filing Date: August 23, 2001

PART B – FEE TRANSMITTAL (1 page in duplicate)

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If you do not receive all pages, or pages are not clear, please call Karen Lum at (310) 964-0735.

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